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DUCOMMU	N INC /DE/											
Form 4												
March 20, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									т	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box								January 31,				
if no longer STATEMENT OF CHANGE					ES IN BENEFICIAL OWNE				NERSHIP OF	Expires:	2005	
subject to Section 16								Estimated a				
Form 4 or										burden hours per response 0.5		
Form 5	· ·							-	ge Act of 1934,	·		
obligation may contin				•		•	- ·		of 1935 or Sectio	n		
See Instruc		30(h)	of the Inv	vestmen	t C	Company	y Act	of 19	40			
1(b).												
(Print or Type R	esponses)											
							Reporting Person(s) to					
Rogers Rose	F		Symbol						Issuer			
			DUCOM	IMUN	IN	C /DE/	DCC)]	(Chec	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of		Гrar	nsaction						
DUCOMMI	TNT			/Day/Year)					Director 10% Owner X Officer (give title Other (specify			
DUCOMMUN 03/18/20 INCORPORATED, 23301			03/18/20	2014					below) below)			
WILMINGT									VP, H	Iuman Resource	es	
	(Street)		4 If Amon	dmant F)oto	Original			6 Individual or L	oint/Group Fili	ag(Chaolr	
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				-			6. Individual or Joint/Group Filing(Check Applicable Line)					
						X Form filed by One Reporting Person						
CARSON, C	A 90745-6209								Form filed by N Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-	Der	rivative S	lecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D	3. 4. Securities					5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Yea	on Date, if	TransactionAcquired (A) or						Form: Direct	Indirect		
(Instr. 3)		CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					·			Beneficial Ownership		
(monul/Day/Te			Duj/ I cui)	(mod) $(\operatorname{mod}, 0)$ $(\operatorname{mod}, 0, 4$ and $0)$				5)	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price	(
Common Stock	03/18/2014			А		4,000	А	\$0	10,058	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option - Right to Buy <u>(1)</u>	\$ 24.9	03/18/2014		А	6,000	03/18/2015 <u>(2)</u>	03/17/2021	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Rogers Rose F DUCOMMUN INCORPORATED 23301 WILMINGTON AVE. CARSON, CA 90745-6209			VP, Human Resources				
Signatures							

/s/ Rose F. 03/20/2014 Rogers Date

Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The option represents the right to purchase common stock granted under the Ducommun Incorporated Employee Stock Option Plans, which are Rule 16b-3 plans.
- (2) The option will vest in four equal installments on March 18, 2015, 2016, 2017 and 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.